



COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL,
DIVISIONAL,
CONTINUATION, OR C-I-P)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is for an original application.

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am the original, first and sole inventor of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

SUSTAINED RELEASE SURGICAL DEVICE AND METHOD OF MAKING AND
USING THE SAME

SPECIFICATION IDENTIFICATION

The specification is filed herewith.

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56, and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent.

CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S)
(35 U.S.C. Section 119(e))

I hereby claim the benefit under Title 35, United States Code, Section 119(e) of any United States provisional and design application(s) listed below:

**PROVISIONAL APPLICATION NUMBER****FILING DATE**

60/462,284

April 11, 2003

POWER OF ATTORNEY

I hereby appoint the following practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

APPOINTED PRACTITIONER(S)**REGISTRATION NUMBER(S)**

Eric M. Dobrusin

33,867

Scott A. Chapple

46,287

Theresa A. Orr

34,890

Jenny Lee

46,865

Christopher Voci

45,184

James M. McPherson

53,306

Andrew Weber

55,888

I hereby appoint the practitioner(s) associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

SEND CORRESPONDENCE TO**DIRECT TELEPHONE CALLS TO:**

Eric M. Dobrusin

Eric M. Dobrusin

DOBRUSIN & THENNISCH PC

401 South Old Woodward Ave., Suite 311

248-590-9900

Birmingham, MI 48809

25215

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Michael Snyder

Inventor's signature _____

Date _____

Country of Citizenship United States

Residence Montgomery, OH

Post Office Address 8561 Chaucer Place, Montgomery, OH 45249

Eric M. Dobrusin

Inventor's signature _____

Date August 20, 2004

Country of Citizenship United States

Residence Bloomfield Hills, MI

Post Office Address 4225 Sandy Lane, Bloomfield Hills, MI 48301

Practitioner's Docket No. 1030.004

PATENT

**COMBINED DECLARATION AND POWER OF ATTORNEY**

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SIGNATURE(S)

Michael Snyder

Inventor's signatureDate 6-30-04
Country of Citizenship United States**Residence** Montgomery, OH**Post Office Address** 8561 Chaucer Place, Montgomery, OH 45249

Eric M. Dobrusin

Inventor's signature

Date _____

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Residence Bloomfield Hills, MI**Post Office Address** 4225 Sandy Lane, Bloomfield Hills, MI 48301